

**APPLICATION DATA SHEET****Application Information**

Application number:: 10848738  
Filing Date:: 05/19/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: Secure Networking Using A Resource-Constrained Device  
Attorney Docket Number:: 76.0878  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 21

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: HongQian  
Middle Name:: Karen  
Family Name:: Lu  
City of Residence:: Austin  
Country of Residence:: USA  
Street of Mailing Address:: 8311 North FM 620  
City of Mailing Address:: Austin  
State or Province of Mailing Address:: TX  
Postal or Zip Code of Mailing Address:: 78726

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** USA  
**Status::** Full Capacity  
**Given Name::** Michael  
**Middle Name::** Andrew  
**Family Name::** Montgomery  
**City of Residence::** Austin  
**Country of Residence::** USA  
**Street of Mailing Address::** 8311 North FM 620  
**City of Mailing Address::** Austin  
**State or Province of Mailing Address::** TX  
**Postal or Zip Code of Mailing Address::** 78726

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** USA  
**Status::** Full Capacity  
**Given Name::** Asad  
**Middle Name::** Mahboob  
**Family Name::** Ali  
**City of Residence::** Austin  
**Country of Residence::** USA  
**Street of Mailing Address::** 8311 North FM 620  
**City of Mailing Address::** Austin  
**State or Province of Mailing Address::** TX  
**Postal or Zip Code of Mailing Address::** 78726

**Correspondence Information**

Correspondence Customer Name:: 41754  
Name:: Pehr Jansson  
Street of Mailing Address:: 7628 Parkview Circle  
City of Mailing Address:: Austin  
State or Province of Mailing Address:: TX  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 78731  
Phone Number:: (512) 241-0837  
Fax Number:: (678) 868-0101  
E-Mail Address:: [pehr@pehrjansson.com](mailto:pehr@pehrjansson.com)

**Representative Information**

Representative Customer Number::	41754	
-------------------------------------	-------	--

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
10/848,738	An application claiming the benefit under 35 USC 119(e)	60/506,992	09/29/03

**Assignee Information**

**Assignee Name::** Axalto Inc.  
**Street of Mailing Address::** 8311 North FM 620  
**City of Mailing Address::** Austin  
**State or Province of Mailing Address::** TX  
**Postal or Zip Code of Mailing Address::** 78726